



ELEVENTH MCW YOUTH LEADERSHIP RETREAT (YLR)
YOUTH PARTICIPANT APPLICATION FORM

Dates: Sunday, July 13 to Friday, July 18, 2008

Where: New York University (NYU) / Champlain College (Vermont)

What: **Do you want to make a positive difference in the world? So do we!** MCW empowers young people like you to create Local Change Through Global Exchange.™ Similar to previous retreats, we are inviting 35 widely diverse group high school students to join our 11th MCW Youth Leadership Retreat. If you are: motivated to do good things for yourself and others; in 11th or 12th grade; and between 16 - 18 years old by July 13, 2008, we invite you to apply!

During this intensive, 6-day residential program, you and your peers will help yourselves and each other turn your dreams into reality. As a member of the YLR, you will achieve your goals by strengthening your skills in the areas of leadership, cultural competence, and the entrepreneurial spirit.

Through game-based networking, team-building activities, seminars, service learning, and strategic planning, you will complete a real world, hands-on Vision Plan you can use to make a positive difference in their own lives and the lives of others.

The benefits of participating in the MCW Youth Leadership Retreat include:

- ✓ Creating a practical plan you can use to achieve goals important to them and their local/global community;
- ✓ Discovering how to turn dreams and ideas into practical reality;
- ✓ Becoming a life-long member of the MCW worldwide network of youth leaders, social entrepreneurs, and community builders, as well as their partners in schools, colleges, universities, social services, health, government, business, professions;
- ✓ Learning how to achieve personal success while helping others through community service, service learning and social entrepreneurship;
- ✓ Working in a team led by an MCW Youth Mentor who is a graduate of the MCW youth leadership retreat program and MCW mentor program;
- ✓ Having fun while developing the Tools, Confidence, and Networks © to make a difference.

Who: An 11th or 12th grade junior or senior high school student who is:
 ✓ Between 16 and 18 years old the first day of the Retreat;

- ✓ Interested in making a diverse group of friends around the corner and around the world;
- ✓ Motivated to spend five days at beautiful Champlain College in Burlington, Vermont (www.champlain.edu)
- ✓ Fascinated by the opportunity to live and learn along with a widely diverse group of other young people and MCW staff;
- ✓ Committed to participating in formal and informal workshops and activities conducted by representatives of NYU, the United Nations, private businesses, global youth leadership programs, government agencies and other NYC and Vermont locations;
- ✓ Determined to strengthen positive leadership skills and knowledge
- ✓ Willing and able to fulfill a role as a member of a cooperative team;
- ✓ Willing and able to follow rules established at the Retreat.

YLR participants will come from the U.S.A. and around the world and include: 35 high school students; 15 Retreat Alumni who have completed the required MCW Mentoring Program and who represent governmental and non-governmental organizations ; and 15 MCW staff from schools, colleges, universities, NGOs, and the business sector.

How: **You can mail//fax//email your registration. It must be received or postmarked no later than June 1, 2008.**

To register for the Eleventh MCW Youth Leadership Retreat, please review and complete fully Forms A, B, C, D, E and F. Please make your check covering your registration fee payable to Miracle Corners of the World and send both via **mail** to:

**MCW
c/o YLR
166 Madison Ave., 5th Floor
New York, NY 10016**

Or email your fully completed registration forms to:
events@miraclecorners.org

Fax: 1-212-213-4890

We accept only **FULLY completed**, legible applications, and we **prefer typed applications**. **Thank you!**

MCW Mission

MCW's mission is to empower youth to become positive agents of change, to help improve their lives and contribute to their communities around the world.

MCW Process

MCW works closely with community members and leaders, educational institutions, governmental agencies and other nonprofit organizations, on a global basis, to develop programs that advance cross-cultural understanding and promote sustainable improvements in the education, healthcare and economic well-being of socio-economically disadvantaged communities through youth empowerment.

ELEVENTH MCW YOUTH LEADERSHIP RETREAT

The Eleventh MCW Youth Leadership Retreat will facilitate entrepreneurship and cross-cultural communication training, leading to the fostering of networks of common and individual interest among participants.

The Retreat will be held in Burlington, Vermont, where participants will reside in dormitory space at Champlain College as well as New York City. The agenda for the program will include daily themes such as Group Cohesion / Communication, Dialogue and Conflict Resolution Skills Building / Thinking Global...Taking it Local: The Power of Entrepreneurship / Entrepreneurship Skill Building. Workshops will be led and facilitated by distinguished leaders in the private, nonprofit, and academic and government fields.

Your friends, parents, other family members, teachers, and MCW YLR supporters will be invited to our culminating event, Open Doors, where you will join all the other participants in showcasing your project and sharing outcomes of your Retreat.

The Retreat agenda will be developed, and continuously updated, on the MCW website until the first day of the Retreat. Visit www.miralecorners.org for more information.

For More Information Please Contact:

Miracle Corners of the World

E-Mail: events@miralecorners.org

Phone: 1-212-453-5811

Web: www.miralecorners.org

REGISTRATION MATERIALS – FORM A**Participant Information:**

Last Name: _____ Middle Initial ____ First Name _____

School/Organization: _____

Home Address (city, state, zip): _____

Home Phone Number (including area code): _____

Cell Phone Number: _____

Email Address: _____

How did you learn about the MCW Retreat? _____

Emergency Contact Information (Parent/Legal Guardian):

First Name: _____ Last Name _____

Relationship to Participant: _____

Cell Phone: (include international codes and area codes) _____

Home Phone: (include international codes and area codes) _____

Address: _____

Email Address: _____

Program Cost:

There is a \$200 registration fee, which helps MCW subsidize the cost of accommodations, food and group activities. Please indicate below if you are / are not enclosing a check for \$200 payable to Miracle Corners of the World.

Yes _____ No _____

I am requesting assistance from MCW to cover the cost of my registration fee. I have enclosed a 250-word essay that helps MCW better understand what makes me a good candidate for this opportunity.

Yes _____ No _____

REGISTRATION MATERIALS – FORM B

Please answer the following question on a separate sheet of paper in approximately 500 words. Please title your essay "Form B," write your name in the heading and sign the bottom of each page.

What is one idea you would like to implement in your community to help you achieve your personal goals while helping others (e.g. a business project, community service project, or educational outreach initiative)?

Questions to consider: Why have you chosen this idea? What makes you a good candidate to lead the project you would like to create? How will this project help you achieve your personal goals? What will be some of your challenges in implementing this project and how do you plan to overcome these challenges? Who will help you implement this project and what role will they play? How will the MCW Youth Leadership Retreat program help you in advancing this idea? How will this project help the community (locally or internationally)?

Name: _____

Signature: _____

Date: _____

REGISTRATION MATERIALS – FORM C.1

We ask that each applicant obtain two letters of recommendation. The first should be from an educator at your school (teacher, administrator, or guidance counselor). The second letter should be from an individual outside of school (community member, parent, or other adult). The letters should express how he/she believes the applicant can benefit from or contribute to the *Eleventh MCW Youth Leadership Retreat*.

Name: _____

Organization and Position: _____

Length of Time that You Have Known Applicant: _____

Signature: _____

Date: _____

REGISTRATION MATERIALS – FORM C.2

We ask that each applicant obtain two letters of recommendation. The first should be from an educator at your school (teacher, administrator, or guidance counselor). The second letter should be from an individual outside of school (community member, parent, or other adult). The letters should express how he/she believes the applicant can benefit from or contribute to the *Eleventh MCW Youth Leadership Retreat*.

Name: _____

Organization and Position: _____

Length of Time that You Have Known Applicant: _____

Signature: _____

Date: _____

REGISTRATION MATERIALS – FORM D

Miracle Corners of the World, Inc.
 Eleventh MCW Youth Leadership Retreat
 P.O. BOX 14 Murray Hill Station, New York, NY 10156
 1-212-453-5814 / events@miraclecorners.org / www.miraclecorners.org

In consideration for Miracle Corners of the World (the "Organization") admitting me to the Eleventh MCW Youth Leadership Retreat described above (the "Program"), which Program will or may involve travel between my respective home and New York, U.S.A. and participation in recreation and service activities.

I hereby:

(a) release and discharge the Organization from any liability or responsibility for any injury (including death), and for any damage to or loss of property, howsoever caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without limitation, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the Organization; and

(b) agree not to raise any claim or to institute any legal action or proceeding against the Organization for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, including without being limited to, any cause of action that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the Organization.

All references to the Organization in this form shall include, and all provisions of this form shall inure to the benefit of, the Organization's trustees, officers, employees, agents, servants and representatives.

I will inform an appropriate representative of the Organization named above of any special information regarding my health, or physical or mental condition, that may be relevant to my participation in the Program or any travel related to the program.

I understand that I am participating in this one-week program and agree to follow the instructions from MCW leadership. I will remain with the group for the entire duration of the program, (including all sessions, meals and recreational events), and understand that my participation in this program for the full length is essential for building team cohesion. Should I get separated from the group at any time, I will immediately contact my designated MCW Leader. I understand that I am receiving complementary accommodations at New York University, through their support of MCW, and will respect the facility by cleaning my room upon departure and keeping a reasonable noise level in the evenings, so as to not disturb neighbors who are paying for their accommodations. I understand that at no point during the Retreat shall I break any U.S.A. law, including the possession or consumption of illegal drugs. Finally, I agree NOT to leave the NYU Residence hall facility in the evenings upon the completion of the scheduled program activities. Should I have any concerns with the above, I will speak with an MCW representative.

Name: _____

Signature: _____

Date: (MM/DD/YY): _____

Date of Birth (MM/DD/YY): _____

A

If you are under 18 years old please have your parent or guardian complete & sign this form.

In consideration for Miracle Corners of the World (the "Organization") admitting my child to the international service program described above (the "Program"), which Program will or may involve travel between New York and Vermont,

I hereby:

(a) release and discharge the Organization from any liability or responsibility for any injury (including death), and for any damage to or loss of property, howsoever caused, that my child or I suffer as a result of or in connection with my child's participation in the Program or any travel related to the Program, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the organization;

(b) agree not to raise any claim or to institute any legal action or proceeding on my behalf or on behalf of my child, against the Organization for any cause of action that may result from or arise out of or in connection with my child's participation in the Program or any travel related to the Program, for any injury (including death) to my child, or for any damage to or loss of my property or that of my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the Organization; and

(c) agree to indemnify the Organization and hold it safe and harmless from and against any claim or cause of action asserted by my child, or on behalf of my child, against the organization, for loss of, or damage or injury (including death) to, his or her person or property resulting from, arising out of, or occurring in connection with my child's participation in the Program or any travel related to the Program.

All references to the Organization in this form shall include, and all provisions of this form shall inure to the benefit of, the Organization's trustees, officers, employees, agents, servants and representatives.

I will inform an appropriate representative of the organization named above of any special information regarding my child's health, or physical or mental condition, that may be relevant to my child's participation in the Program or any travel related to the program.

I have reviewed the following paragraph with my child and he/she agrees to abide by these rules:

I understand that I am participating in this one-week program and agree to follow the instructions from MCW leadership. I will remain with the group for the entire duration of the program, (including all sessions, meals and recreational events), and understand that my participation in this program for the full length is essential for building team cohesion. Should I get separated from the group at any time, I will immediately contact my designated MCW Leader. I understand that I am receiving complementary accommodations at New York University, through their support of MCW, and will respect the facility by cleaning my room upon departure and keeping a reasonable noise level in the evenings, so as to not disturb neighbors who are paying for their accommodations. I understand that at no point during the Retreat shall I break any U.S.A. law, including the possession or consumption of illegal drugs. Finally, I agree NOT to leave the NYU Residence hall facility in the evenings upon the completion of the scheduled program activities. Should I have any concerns with the above, I will speak with an MCW representative.

Name (Parent or Legal Guardian): _____

Signature: _____

Child's Name: _____

Date: _____

REGISTRATION MATERIALS – FORM E
Miracle Corners of the World, Inc. – Medical Release Form

Name: _____

Date of Birth (MM/DD/YY): _____

List any medical conditions that we should be aware of and any medications being used to treat these conditions.

Medical Condition (s)

Medication (s) Used

List below any medication(s) that may induce an allergic reaction:

List two persons that we may contact in case of an emergency:

1) Name: _____

Relationship to participant: _____

Address: _____

Telephone: _____

Daytime

Evening

Other

2) Name: _____

Relationship to participant: _____

Address: _____

Telephone: _____

Daytime

Evening

Other

Participant's Signature: _____ Date (DD/MM/YY): _____

(If not yet 18 years old, please have your parent or guardian sign below)

Guardian's Signature: _____ Date (DD/MM/YY): _____

***Attach a copy of your medical insurance forms and ID with proof of DOB. International participants must also attach a copy of their passport and visa.

REGISTRATION MATERIALS – FORM F

TRAVEL INFORMATION:

Arrival Date: _____

Arrival Time: _____

Air / Road / Train: _____

Flight / Train # & Carrier: _____

Departure Date: _____

Departure Time: _____

Air/ Road / Train: _____

Flight / Train # & Carrier: _____